

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-022241

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

257

STATE FILE NUMBER

FILED JUN 18 1962

1. PLACE OF DEATH

a. COUNTY Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Cape Girardeau

Length of stay in 1b
2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Scott

c. CITY OR TOWN Oran, Missouri

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Lloyd Wilford Nesler

4. DATE OF DEATH
Month Day Year
June 2 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7/18/1929

9. AGE (last birthday)
32

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY
Building Material

11. BIRTHPLACE (City and state or country)
Parma, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Henry Nesler

13b. MOTHER'S MAIDEN NAME

Mary E. Blair

14. NAME OF HUSBAND OR WIFE

Wanda Nesler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
YES Korean War

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Wanda Nesler Oran, Missouri

18. CAUSE OF DEATH (Enter only one cause per line if more than one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Retroperitoneal malignant teratoma with embryonal carcinoma

INTERVAL BETWEEN ONSET AND DEATH
5 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-23-62 to 6-2-62 and last saw her alive on 6-2-62
Death occurred at 8:15 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
X L.R. Scallan

(Degree or title)

22b. ADDRESS
219 North Pacific Cape Girardeau, Missouri

22c. DATE SIGNED
6-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
June 5, 1962

23c. NAME OF CEMETERY OR CREMATORY
Forrest Hills Memorial Park

23d. LOCATION (City, town, or county)
Morley, Scott, Missouri

24. FUNERAL DIRECTOR

EARL J. SMITH FUNERAL HOME
Oran, Missouri

25. DATE RECD. BY LOCAL REG.
6-11-62

26. REGISTRAR'S SIGNATURE
D. Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

10168

210002

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12 2-0

13 1-0

JUN 20 1962

JUN 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Oran, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.